

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

REQUEST FOR PROPOSALS

JANITORIAL SERVICE AT THE DIAMOND BAR HEADQUARTERS

RFP # 2016-02

South Coast Air Quality Management District (SCAQMD) requests proposals for the following purpose according to terms and conditions included in this Request for Proposals (RFP). In the preparation of this RFP the words "Proposer," "Contractor," and "Consultant" are used interchangeably.

PURPOSE

The purpose of this RFP is to solicit proposals from qualified contractors interested in providing janitorial services and supplies at SCAQMD headquarters at 21865 Copley Drive, Diamond Bar, CA 91765.

INDEX - The following are contained in this RFP:

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SECTION I: BACKGROUND/INFORMATION

SCAQMD is a regional governmental agency responsible for meeting air quality health standards in Orange County, and the urban portions of Los Angeles, Riverside and San Bernardino Counties.

The object of this RFP is to obtain proposals for janitorial services and supplies for SCAQMD's headquarters in Diamond Bar, California. The proposer, having carefully examined SCAQMD's specifications attached hereto, proposes and agrees to furnish all necessary labor, materials, tools, equipment, and any other incidentals necessary to provide janitorial service in strict conformity to SCAQMD's specifications.

SECTION II: CONTACT PERSON:

Questions regarding the content or intent of this RFP or on procedural matters should be addressed to:

Name:	David Mortimore	Sylvia Oroz
Address	21865 Copley Drive Diamond Bar, CA 91765	21865 Copley Drive Diamond Bar, CA 91765
Phone:	(909) 396-2051	(909) 396-2054
Fax:	(909) 396-3350	(909) 396-3350
E-mail	dmortimore@aqmd.gov	soroz@aqmd.gov

SECTION III: SCHEDULE OF EVENTS

September 4, 2015	RFP Released
September 17, 2015, 10:00 a.m.	Mandatory Bidder's Conference
October 8, 2015, 2:00 p.m.	RFP Closes, Proposals Due
October 9 – November 10, 2015	Proposal Evaluations
January 8, 2016	Governing Board Approval
March 1, 2016	Contract Commencement

MANDATORY BIDDER'S CONFERENCE:

A bidder's conference will be held on:

Date:	September 17, 2015
Time:	10:00 a.m.
Location:	21865 Copley Drive Diamond Bar, CA 91765 Room CC6

Those interested in participating will need to make reservations by calling Janet Ambriz at (909) 396-2281. **Proposals will not be accepted from businesses that do not send an authorized representative to the mandatory bidder's conference.**

SECTION IV: PARTICIPATION IN THE PROCUREMENT PROCESS

It is the policy of SCAQMD to ensure that all businesses including minority business enterprises, women business enterprises, disabled veteran business enterprises and small businesses have a fair and equitable opportunity to compete for and participate in SCAQMD contracts. Attachment A to this RFP contains definitions and further information.

SECTION V: STATEMENT OF WORK/SCHEDULE OF DELIVERABLES

A. Statement of Work

(See ATTACHMENT C)

B. Schedule of Deliverables

This RFP is to solicit proposals for providing janitorial services as specified during a three-year term beginning March 1, 2016, and ending February 28, 2019.

SECTION VI: REQUIRED QUALIFICATIONS

- A. SCAQMD will enter into a contract with a prime contractor only. Should the prime contractor substitute a subcontractor for any of the responsibilities or obligations covered under the janitorial service contract without the prior written approval of SCAQMD, such substitution without SCAQMD's consent will be grounds for termination of the prime contract.
- B. SCAQMD requires all janitorial staff to wear vendor-supplied uniforms or shirts that identify them while working on SCAQMD premises. SCAQMD requires the supervisor to have a vendor-supplied pager or cell phone at all times. Vendor must furnish all the supplies and equipment necessary to perform the services outlined in ATTACHMENT C – Statement of Work.
- C. CONTRACTOR shall furnish copies of all appropriate licensing required to perform the services described in this RFP.
- D. CONTRACTOR shall furnish evidence to SCAQMD of workers' compensation insurance for each of its employees, in accordance with either California or other states' applicable statutory requirements prior to commencement of any work on this Contract.
- E. CONTRACTOR shall furnish evidence to SCAQMD of general liability insurance with a limit of at least \$1,000,000 per occurrence, and \$2,000,000 in a general aggregate prior to commencement of any work on this Contract. SCAQMD shall be named as an additional insured on any such liability policy, and thirty (30) days written notice prior to cancellation of any such insurance shall be given by CONTRACTOR to SCAQMD.
- F. CONTRACTOR shall furnish evidence to SCAQMD of automobile liability insurance with limits of at least \$100,000 per person and \$300,000 per accident for bodily injuries, and \$50,000 in property damage, or \$1,000,000 combined single limit for bodily injury or property damage, prior to commencement of any work on this Contract. SCAQMD shall be named as an additional insured on any such liability policy, and thirty (30) days written notice prior to cancellation of any such insurance shall be given by CONTRACTOR to SCAQMD.

SECTION VII: PROPOSAL SUBMITTAL REQUIREMENT

Submitted proposals must follow the format outlined below and all requested information must be supplied. Failure to submit proposals in the required format will result in elimination from proposal evaluation. SCAQMD may modify the RFP or issue supplementary information or guidelines during the proposal preparation period prior to the due date. Please check our website for updates (<http://www.aqmd.gov/grants-bids>). The cost for developing the proposal is the responsibility of the Contractor, and shall not be chargeable to SCAQMD.

Each proposal must be submitted in three separate volumes:

- Volume I - Technical Proposal
- Volume II - Cost Proposal
- Volume III - Certifications and Representations included in Attachment B to this RFP must be completed and executed by an authorized official of the Contractor.

A separate cover letter including the name, address, and telephone number of the Contractor, and signed by the person or persons authorized to represent the Firm should accompany the proposal submission. Firm contact information as follows should also be included in the cover letter:

1. Address and telephone number of office in, or nearest to, Diamond Bar, California.
2. Name and title of Firm's representative designated as contact.

A separate Table of Contents should be provided for Volumes I and II.

Volume I – Technical Proposal

1. Provide information about your firm including the history and length of time your company has been providing janitorial services. Please provide a description of the various types of services that your company provides.
2. Describe your company's organizational structure and description of the work experience of each person who would be assigned to oversee this project.
3. Provide techniques for monitoring the quality of work delivered. Describe your training program for the type of services required in this RFP.
4. Provide a description and an illustration of the company supplied uniform that will be used for the staff working at this facility. Describe the company's field communication system that will be used, as outlined in Attachment C-Statement of Work.
5. State your overall approach to meeting the objectives and satisfying the scope of work to be performed.
6. Describe your experience in being proactive in establishing environmental-friendly and energy efficient procedures.
7. Provide a list of the environmentally friendly cleaning products that will be used at this facility to meet the requirements specified in ATTACHMENT C. **Contractor MUST use products that have received SCAQMD's Clean Air Choices cleaner certification (as listed at www.aqmd.gov).** Where no products have received SCAQMD certification, Contractor must use cleaning products that have received Green Seal certification. A list of the green seal certified qualifying materials may be found at Green Seal, Inc. (www.greenseal.org).
8. Provide a list of references with the associated information (Section IX). The reference sheet must be completed in its entirety. Please make sure that the information provided is current. The evaluation of the references will be based on the responses provided by the references given.
9. Provide copies of all appropriate licensing required to perform the services described in this RFP.
10. Include evidence of required insurance as detailed in Section VI.
11. Include any brochure(s) or evidence of organizations or associations that your company is affiliated with which would be applicable to this RFP.
12. List any current agreements with the federal government, the State of California, Los Angeles, Orange, San Bernardino, or Riverside Counties or other government agencies, if applicable.

Volume II – Cost Proposal

Cost Proposal sheets must be completed in its entirety. The sheets for both the breakdown of the billing rate and the summary of hours must be submitted for the year. If annual increases are being proposed, prepare separate sheets for each annual period. Request for Proposal Summary must be complete using the rate calculations from the Cost Proposal sheets for each of the three years providing a total 3-year contract amount.

Volume III – Certification and Representations

Complete all of the sheets from Attachment B-Certifications and Representations in their entirety. Include any other certifications or backup documents in order to receive additional points as described in Section VII.

SECTION VIII: PROPOSAL SUBMISSION

Proposals must be submitted according to specifications set forth in the section above. Failure to adhere to these specifications may be cause for rejection of proposal.

Signature - Proposals must be signed by a representative of the Proposer who is authorized to make a binding proposal.

Due Date - The Proposer must submit five (5) complete copies of the proposal in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the Proposer and the words "Request for Proposals # 2016-02." ***All proposals are due no later than October 8, 2015, 2:00 p.m., and should be directed to:***

Procurement Unit
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178
(909) 396-3520

PROPOSALS WILL NOT BE ACCEPTED FROM ANY BUSINESS THAT DID NOT SEND AN AUTHORIZED REPRESENTATIVE TO THE MANDATORY BIDDER'S CONFERENCE.

Late proposals will not be accepted. Any correction or resubmission by the Proposer must be received by the due date stated above.

Grounds for Rejection - A proposal will be immediately rejected if:

- **It is not prepared in the format described, or**
- **It is not signed by an individual authorized by the firm to make binding proposals**

Disposition of Proposals - SCAQMD reserves the right to reject any or all proposals. All responses become the property of SCAQMD. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.

Modification or Withdrawal - Once submitted, proposals cannot be altered without the prior written consent of SCAQMD. All proposals shall constitute firm offers and may not be withdrawn for a period of 90 days following the last day to accept proposals.

Format – The content and format of the proposal must adhere to the following specifications. Failure to follow this form may result in disqualification.

SECTION IX: PROPOSAL EVALUATION/CONTRACTOR SELECTION CRITERIA

- A. Proposals will be evaluated by a panel of three to five SCAQMD staff members familiar with the subject matter of the project. The panel shall be appointed by the Executive Officer or his designee. In addition, the evaluation panel may include such outside public sector or academic community expertise as deemed desirable by the Executive Officer. The panel will make a recommendation to the Executive Officer and/or the Governing Board of SCAQMD for final selection of a contractor and negotiation of a contract.
- B. Each member of the evaluation panel shall be accorded equal weight in his or her rating of proposals. The evaluation panel members shall evaluate the proposals according to the specified criteria and numerical weightings set forth below.

1. Proposal Evaluation Criteria

<u>Standardized Services</u>	<u>Points</u>
Understanding of Requirement	20
Contractor Qualifications	20
Past Experience	10
Cost	<u>50</u>
TOTAL:	100

Additional Points

Small Business or Small Business Joint Venture	10
DVBE or DVBE Joint Venture	10
Use of DVBE or Small Business Subcontractors	7
Low-Emission Vehicle Business	5
Local Business (Non-Federally Funded Projects Only)	5
Off-Peak Hours Delivery Business	2

The cumulative points awarded for small business, DVBE, use of small business or DVBE subcontractors, low-emission vehicle business, local business, and off-peak hours delivery business shall not exceed 15 points.

Self-Certification for Additional Points

The award of these additional points shall be contingent upon Proposer completing the Self-Certification section of Attachment B – Certifications and Representations

and/or inclusion of a statement in the proposal self-certifying that Proposer qualifies for additional points as detailed above.

2. To receive additional points in the evaluation process for the categories of Small Business or Small Business Joint Venture, DVBE or DVBE Joint Venture or Local Business (for non-federally funded projects), the proposer must submit a self-certification or certification from the State of California Office of Small Business Certification and Resources at the time of proposal submission certifying that the proposer meets the requirements set forth in Section III. To receive points for the use of DVBE and/or Small Business subcontractors, at least 25 percent of the total contract value must be subcontracted to DVBEs and/or Small Businesses. To receive points as a Low-Emission Vehicle Business, the proposer must demonstrate to the Executive Officer, or designee, that supplies and materials delivered to SCAQMD are delivered in vehicles that operate on either clean fuels or if powered by diesel fuel, that the vehicles have particulate traps installed. To receive points as an Off-Peak Hours Delivery Business, the proposer must submit, at proposal submission, certification of its commitment to delivering supplies and materials to SCAQMD between the hours of 10:00 a.m. and 3:00 p.m. The cumulative points awarded for small business, DVBE, use of Small Business or DVBE Subcontractors, Local Business, Low-Emission Vehicle Business and Off-Peak Hour Delivery Business shall not exceed 15 points.

The Procurement Section will be responsible for monitoring compliance of suppliers awarded purchase orders based upon use of low-emission vehicles or off-peak traffic hour delivery commitments through the use of vendor logs which will identify the contractor awarded the incentive. The purchase order shall incorporate terms which obligate the supplier to deliver materials in low-emission vehicles or deliver during off-peak traffic hours. The receiving department will monitor those qualified supplier deliveries to ensure compliance to the purchase order requirements. Suppliers in non-compliance will be subject to a two percent of total purchase order value penalty. The Procurement Manager will adjudicate any disputes regarding either low-emission vehicle or off-peak hour deliveries.

3. The lowest-cost proposal will be awarded the maximum cost points available and all other cost proposals will receive points on a prorated basis. For example, if the lowest-cost proposal is \$1,000 and the maximum points available are 30 points, this proposal would receive the full 30 points. If the next lowest-cost proposal is \$1,100, it would receive 27 points reflecting the fact that it is 10% higher than the lowest cost (90% of 30 points = 27 points).
- C. During the selection process the evaluation panel may wish to interview some proposers for clarification purposes only. No new material will be permitted at this time. Additional information provided during the bid review process is limited to clarification by the Proposer of information presented in his/her proposal, upon request by SCAQMD.
 - D. The Executive Officer or Governing Board may award the contract to a Proposer other than the Proposer receiving the highest rating in the event the Governing Board determines that another Proposer from among those technically qualified would provide the best value to SCAQMD considering cost and technical factors. The determination shall be based solely on the

Evaluation Criteria contained in the Request for Proposal (RFP), on evidence provided in the proposal and on any other evidence provided during the bid review process.

- E. Selection will be made based on the above-described criteria and rating factors. The selection will be made by and is subject to Executive Officer or Governing Board approval. Proposers may be notified of the results by letter.
- F. The Governing Board has approved a Bid Protest Procedure which provides a process for a Bidder or prospective Bidder to submit a written protest to SCAQMD's Procurement Manager in recognition of two types of protests: Protest Regarding Solicitation and Protest Regarding Award of a Contract. Copies of the Bid Protest Policy can be secured through a request to SCAQMD's Procurement Department.
- G. The Executive Officer or Governing Board may award contracts to more than one proposer if in (his or their) sole judgment the purposes of the (contract or award) would best be served by selecting multiple proposers.
- H. If additional funds become available, the Executive Officer or Governing Board may increase the amount awarded. The Executive Officer or Governing Board may also select additional proposers for a grant or contract if additional funds become available.
- I. Disposition of Proposals – Pursuant to SCAQMD's Procurement Policy and Procedure, SCAQMD reserves the right to reject any or all proposals. All proposals become the property of SCAQMD, and are subject to the California Public Records Act. One copy of the proposal shall be retained for SCAQMD files. Additional copies and materials will be returned only if requested and at the proposer's expense.
- J. **If proposal submittal is for a Public Works project as defined by State of California Labor Code Section 1720, Proposer is required to include Contractor Registration No. in Attachment B. Proposal submittal will be deemed as non-responsive and Bidder may be disqualified if Contractor Registration No. is not included in Attachment B. Proposer is alerted to changes to California Prevailing Wage compliance requirements as defined in Senate Bill 854 (Stat. 2014, Chapter 28), and California Labor Code Sections 1770, 1771 and 1725.**

SECTION X COST PROPOSAL

You must complete the following cost proposal sheets in full, which are based on the staffing level described in Attachment C. However, SCAQMD reserves the right to change the hours and tasks of this contract as needed. The billing rates listed here will be considered firm bids and will be the billing rates used in the event staffing levels change. Your cost proposal must follow this format, which includes a breakdown of billing rates, as well as a total cost for the described level of service. **If you are proposing pay increases during the term of the contract, prepare a separate chart for each period of time pay changes and indicate dates pay increases would take effect and each page must be clearly marked as *Period 1 (03/01/16– xx/xx/xx)*, *Period 2 (xx/xx/xx – xx/xx/xx)*, etc.**

			Day Porter	Day Porter Overtime	Janitor	Janitor Overtime	Supervisor	Supervisor Overtime
1	Hourly Pay Rate		\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
2								
3	Benefit and Employee (B & E) Costs							
4	Payroll Taxes	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
5	Workers Comp.	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
6	General Liability & Auto Insurance	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
7	Any Vacation/ Sick Leave	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
8	Any Health Benefits	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
9								
10	Total B & E Costs (sum of lines 4-8)	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
11	Misc. (Identify)	%	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr
12	Billing Rate (Sum of Lines 1, 10, & 11)		\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr	\$ /hr

Using the billing rates listed on line 12 of the previous page, complete the following to determine the annual cost to SCAQMD for the level of staffing stated above.

Note: If you are planning to build in periodic pay increases for janitorial staff, separate calculations must be submitted for each period that pay increases, and the dates on which increases become effective must be indicated. Additional numbered pages must be filled out and each page must be clearly marked as *Period 1 (03/01/16 – xx/xx/xx)*, *Period 2 (xx/xx/xx – xx/xx/xx)*, etc.

Day Porter 2 @ 8 hours/day X 5 days / week = 80 hours / week

a. \$ _____ X 80 hours / week
\$ _____/week

Day Porter Billing Rate

Janitors @ 400 hours per week for nighttime cleaning

b. \$ _____ X 400 hours / week
\$ _____/week

Janitor Billing Rate

Supervisor @ 40 hours per week

c. \$ _____ X 40 hours / week
\$ _____/week

Supervisor Billing Rate

d. Sum of weekly billing rates (Add lines a, b & c) \$ _____/week

e. **Monthly Labor cost**
\$ _____/month
(Line d X 52 weeks / 12 months)

f. **Monthly Supply Cost**
\$ _____/month

g. **Monthly Overhead and Profit**
\$ _____/month

h. **Total Monthly Cost**
\$ _____/month
(Add lines e, f & g)

i. **Total Annual Cost**
\$ _____/year
(Multiply line h. X 12)

COST SUMMARY

To: South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765
Attention: Procurement Section

Subject: RFP #2016-02 -Janitorial Services at the Diamond Bar Headquarters

Based on the previous cost breakdown, the undersigned, having carefully examined SCAQMD's specification attached hereto, hereby proposes and agrees to furnish all necessary labor, materials, equipment, and any other incidentals necessary to provide janitorial services in strict conformity with SCAQMD's specification for the stipulated monthly sum of :

Year 1_____	Dollars (\$ _____)
Year 2_____	Dollars (\$ _____)
Year 3_____	Dollars (\$ _____)
Three-year Total_____	Dollars (\$ _____)

The sum stated above is all-inclusive and I have no expectation of SCAQMD providing any resources that might be required to perform the work described in this RFP.

I understand that SCAQMD staffing requirements with respect to janitorial services may change during the term of the contract. If selected as the contractor for providing these services, the undersigned agrees to execute an agreement for work to be accomplished under the stipulated annual sums and three-year total sum provided above or, should SCAQMD staffing needs change during the term of the contract, to bill SCAQMD at the billing rates stated in this proposal.

The undersigned also agrees to provide evidence of required workers' compensation insurance to statutory limits and general liability insurance as described in Contract.

Proposer's Name: _____

Proposer's Address: _____

Authorized Signature: _____

Title: _____

SECTION XI: REFERENCES

Please provide information on five clients for which your company currently provides services that are similar in scope and size of facility to those described in this RFP so we may contact them for references.

1. Company Name: _____
Address: _____
Contact Person: _____ E-mail _____
Phone Number: _____ Fax _____
Square Footage: _____ Number of Buildings: _____
2. Company Name: _____
Address: _____
Contact Person: _____ E-mail _____
Phone Number: _____ Fax _____
Square Footage: _____ Number of Buildings: _____
3. Company Name: _____
Address: _____
Contact Person: _____ E-mail _____
Phone Number: _____ Fax _____
Square Footage: _____ Number of Buildings: _____
4. Company Name: _____
Address: _____
Contact Person: _____ E-mail _____
Phone Number: _____ Fax _____
Square Footage: _____ Number of Buildings: _____
5. Company Name: _____
Address: _____
Contact Person: _____ E-mail _____
Phone Number: _____ Fax _____
Square Footage: _____ Number of Buildings: _____

SECTION XII: SAMPLE CONTRACT

A sample contract to carry out the work described in this RFP is available on SCAQMD's website at <http://www.aqmd.gov/grants-bids> or upon request from the RFP Contact Person (Section II).

ATTACHMENT A

PARTICIPATION IN THE PROCUREMENT PROCESS

- A. It is the policy of SCAQMD to ensure that all businesses including minority business enterprises, women business enterprises, disabled veteran business enterprises and small businesses have a fair and equitable opportunity to compete for and participate in SCAQMD contracts.

B. Definitions:

The definition of minority, women or disadvantaged business enterprises set forth below is included for purposes of determining compliance with the affirmative steps requirement described in Paragraph G below on procurements funded in whole or in part with federal grant funds which involve the use of subcontractors. The definition provided for disabled veteran business enterprise, local business, small business enterprise, low-emission vehicle business and off-peak hours delivery business are provided for purposes of determining eligibility for point or cost considerations in the evaluation process.

1. "Women business enterprise" (WBE) as used in this policy means a business enterprise that meets all of the following criteria:
 - a. a business that is at least 51 percent owned by one or more women, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
 - b. a business whose management and daily business operations are controlled by one or more women.
 - c. a business which is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.
2. "Disabled veteran" as used in this policy is a United States military, naval, or air service veteran with at least 10 percent service-connected disability who is a resident of California.
3. "Disabled veteran business enterprise" (DVBE) as used in this policy means a business enterprise that meets all of the following criteria:
 - a. is a sole proprietorship or partnership of which at least 51 percent is owned by one or more disabled veterans or, in the case of a publicly owned business, at least 51 percent of its stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
 - b. the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.

- c. is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.
- 4. "Local business" as used in this policy means a company that has an ongoing business within geographical boundaries of SCAQMD at the time of bid or proposal submittal and performs 90% of the work related to the contract within the geographical boundaries of SCAQMD and satisfies the requirements of subparagraph H below.
 - 5. "Small business" as used in this policy means a business that meets the following criteria:
 - a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or
 - A manufacturer with 100 or fewer employees.
 - b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
 - 2) Classified between Codes 311000 and 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.
 - 6. "Joint ventures" as defined in this policy pertaining to certification means that one party to the joint venture is a DVBE or small business and owns at least 51 percent of the joint venture.
 - 7. "Low-Emission Vehicle Business" as used in this policy means a company or contractor that uses low-emission vehicles in conducting deliveries to SCAQMD. Low-emission vehicles include vehicles powered by electric, compressed natural gas (CNG), liquefied natural gas (LNG), liquefied petroleum gas (LPG), ethanol, methanol, hydrogen and diesel retrofitted with particulate matter (PM) traps.
 - 8. "Off-Peak Hours Delivery Business" as used in this policy means a company or contractor that commits to conducting deliveries to SCAQMD during off-peak traffic hours defined as between 10:00 a.m. and 3:00 p.m.
 - 9. "Benefits Incentive Business" as used in this policy means a company or contractor that provides janitorial, security guard or landscaping services to SCAQMD and commits to providing employee health benefits (as defined below in Section VIII.D.2.d) for full-time workers with affordable deductible and co-payment terms.

10. "Minority Business Enterprise" as used in this policy means a business that is at least 51 percent owned by one or more minority person(s), or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.

- a. a business whose management and daily business operations are controlled by one or more minority persons.
- b. a business which is a sole proprietorship, corporation, or partnership with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign-based business.
- c. "Minority person" for purposes of this policy, means a Black American, Hispanic American, Native-American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian (including a person whose origins are from India, Pakistan, and Bangladesh), Asian-Pacific-American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, and Taiwan).

11. Disadvantaged Business Enterprise" as used in this policy means a business that is an entity owned and/or controlled by a socially and economically disadvantaged individual(s) as described by Title X of the Clean Air Act Amendments of 1990 (42 U.S.C. 7601 note) (10% statute), and Public Law 102-389 (42 U.S.C. 4370d)(8% statute), respectively;

a Small Business Enterprise (SBE);

a Small Business in a Rural Area (SBRA);

a Labor Surplus Area Firm (LSAF); or

a Historically Underutilized Business (HUB) Zone Small Business Concern, or a concern under a successor program.

- C. Under Request for Quotations (RFQ), DVBEs, DVBE business joint ventures, small businesses, and small business joint ventures shall be granted a preference in an amount equal to 5% of the lowest-cost responsive bid. Low-Emission Vehicle Businesses shall be granted a preference in an amount equal to 5 percent of the lowest-cost responsive bid. Off-Peak Hours Delivery Businesses shall be granted a preference in an amount equal to 2 percent of the lowest-cost responsive bid. Local businesses (if the procurement is not funded in whole or in part by federal grant funds) shall be granted a preference in an amount equal to 2% of the lowest-cost responsive bid.
- D. Under Request for Proposals, DVBEs, DVBE joint ventures, small businesses, and small business joint ventures shall be awarded ten (10) points in the evaluation process. A non-DVBE or large business shall receive seven (7) points for subcontracting at least twenty-five (25%) of the total contract value to a DVBE and/or small business. Low-Emission Vehicle Businesses shall be awarded five (5) points in the evaluation process. On procurements which are not funded in whole or in part by federal grant funds, local businesses shall receive five (5) points. Off-Peak Hours Delivery Businesses shall be awarded two (2) points in the evaluation process.
- E. SCAQMD will ensure that discrimination in the award and performance of contracts does not occur on the basis of race, color, sex, national origin, marital status, sexual preference, creed, ancestry, medical condition, or retaliation for having filed a discrimination complaint in the performance of SCAQMD contractual obligations.

- F. SCAQMD requires Contractor to be in compliance with all state and federal laws and regulations with respect to its employees throughout the term of any awarded contract, including state minimum wage laws and OSHA requirements.
- G. When contracts are funded in whole or in part by federal funds, and if subcontracts are to be let, the Contractor must comply with the following, evidencing a good faith effort to solicit disadvantaged businesses. Contractor shall submit a certification signed by an authorized official affirming its status as a MBE or WBE, as applicable, at the time of contract execution. SCAQMD reserves the right to request documentation demonstrating compliance with the following good faith efforts prior to contract execution.
1. Ensure Disadvantaged Business Enterprises (DBEs) are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
 2. Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
 3. Consider, in the contracting process, whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and Local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
 4. Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
 5. Using the services and assistance of the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
 6. If the prime contractor awards subcontracts, require the prime contractor to take the above steps.
- H. To the extent that any conflict exists between this policy and any requirements imposed by federal and state law relating to participation in a contract by a certified MBE/WBE/DVBE as a condition of receipt of federal or state funds, the federal or state requirements shall prevail.
- I. When contracts are not funded in whole or in part by federal grant funds, a local business preference will be awarded. For such contracts that involve the purchase of commercial off-the-shelf products, local business preference will be given to suppliers or distributors of commercial off-the-shelf products who maintain an ongoing business within the geographical boundaries of SCAQMD. However, if the subject matter of the RFP or RFQ calls for the fabrication or manufacture of custom products, only companies performing 90% of the manufacturing or fabrication effort within the geographical boundaries of SCAQMD shall be entitled to the local business preference.

- J. In compliance with federal fair share requirements set forth in 40 CFR Part 33, SCAQMD shall establish a fair share goal annually for expenditures with federal funds covered by its procurement policy.

ATTACHMENT B

CERTIFICATIONS AND REPRESENTATIONS



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Business Information Request

Dear SCAQMD Contractor/Supplier:

The South Coast Air Quality Management District (SCAQMD) is committed to ensuring that our contractor/supplier records are current and accurate. If your firm is selected for award of a purchase order or contract, it is imperative that the information requested herein be supplied in a timely manner to facilitate payment of invoices. In order to process your payments, we need the enclosed information regarding your account. **Please review and complete the information identified on the following pages, complete the enclosed W-9 form, remember to sign both documents for our files, and return them as soon as possible to the address below:**

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

If you do not return this information, we will not be able to establish you as a vendor. This will delay any payments and would still necessitate your submittal of the enclosed information to our Accounting department before payment could be initiated. Completion of this document and enclosed forms would ensure that your payments are processed timely and accurately.

If you have any questions or need assistance in completing this information, please contact Accounting at (909) 396-3777. We appreciate your cooperation in completing this necessary information.

Sincerely,

Michael B. O'Kelly
Chief Financial Officer

DH:tm

Enclosures: Business Information Request
Disadvantaged Business Certification
W-9
Form 590 Withholding Exemption Certificate
Federal Contract Debarment Certification
Campaign Contributions Disclosure
Direct Deposit Authorization

REV 1/15



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

BUSINESS INFORMATION REQUEST

Business Name	
Division of	
Subsidiary of	
Website Address	
Type of Business <i>Check One:</i>	<input type="checkbox"/> Individual <input type="checkbox"/> DBA, Name _____, County Filed in _____ <input type="checkbox"/> Corporation, ID No. _____ <input type="checkbox"/> LLC/LLP, ID No. _____ <input type="checkbox"/> Other _____

REMITTING ADDRESS INFORMATION

Address			
City/Town			
State/Province		Zip	
Phone	() - Ext	Fax	() -
Contact		Title	
E-mail Address			
Payment Name if Different			

All invoices must reference the corresponding Purchase Order Number(s)/Contract Number(s) if applicable and mailed to:

**Attention: Accounts Payable, Accounting Department
South Coast Air Quality Management District
21865 Copley Drive
Diamond Bar, CA 91765-4178**

DISADVANTAGED BUSINESS CERTIFICATION

Federal guidance for utilization of disadvantaged business enterprises allows a vendor to be deemed a small business enterprise (SBE), minority

business enterprise (MBE) or women business enterprise (WBE) if it meets the criteria below.

- is certified by the Small Business Administration or
- is certified by a state or federal agency or
- is an independent MBE(s) or WBE(s) business concern which is at least 51 percent owned and controlled by minority group member(s) who are citizens of the United States.

Statements of certification:

As a prime contractor to SCAQMD, (name of business) will engage in good faith efforts to achieve the fair share in accordance with 40 CFR Section 33.301, and will follow the six affirmative steps listed below **for contracts or purchase orders funded in whole or in part by federal grants and contracts.**

1. Place qualified SBEs, MBEs, and WBEs on solicitation lists.
2. Assure that SBEs, MBEs, and WBEs are solicited whenever possible.
3. When economically feasible, divide total requirements into small tasks or quantities to permit greater participation by SBEs, MBEs, and WBEs.
4. Establish delivery schedules, if possible, to encourage participation by SBEs, MBEs, and WBEs.
5. Use services of Small Business Administration, Minority Business Development Agency of the Department of Commerce, and/or any agency authorized as a clearinghouse for SBEs, MBEs, and WBEs.
6. If subcontracts are to be let, take the above affirmative steps.

Self-Certification Verification: Also for use in awarding additional points, as applicable, in accordance with SCAQMD Procurement Policy and Procedure:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Small Business Enterprise/Small Business Joint Venture | <input type="checkbox"/> Women-owned Business Enterprise |
| <input type="checkbox"/> Local business | <input type="checkbox"/> Disabled Veteran-owned Business Enterprise/DVBE Joint Venture |
| <input type="checkbox"/> Minority-owned Business Enterprise | |

Percent of ownership: _____ %

Name of Qualifying Owner(s): _____

State of California Public Works Contractor Registration No. _____ MUST BE INCLUDED IF BID PROPOSAL IS FOR PUBLIC WORKS PROJECT.

I, the undersigned, hereby declare that to the best of my knowledge the above information is accurate. Upon penalty of perjury, I certify information submitted is factual.

NAME

TITLE

TELEPHONE NUMBER

DATE

Definitions

Disabled Veteran-Owned Business Enterprise means a business that meets all of the following criteria:

- is a sole proprietorship or partnership of which is at least 51 percent owned by one or more disabled veterans, or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more disabled veterans; a subsidiary which is wholly owned by a parent corporation but only if at least 51 percent of the voting stock of the parent corporation is owned by one or more disabled veterans; or a joint venture in which at least 51 percent of the joint venture's management and control and earnings are held by one or more disabled veterans.
- the management and control of the daily business operations are by one or more disabled veterans. The disabled veterans who exercise management and control are not required to be the same disabled veterans as the owners of the business.
- is a sole proprietorship, corporation, partnership, or joint venture with its primary headquarters office located in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other foreign-based business.

Joint Venture means that one party to the joint venture is a DVBE and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that DVBE will receive at least 51 percent of the project dollars.

Local Business means a business that meets all of the following criteria:

- has an ongoing business within the boundary of SCAQMD at the time of bid application.
- performs 90 percent of the work within SCAQMD's jurisdiction.

Minority-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more minority persons or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more minority persons.
- is a business whose management and daily business operations are controlled or owned by one or more minority person.
- is a business which is a sole proprietorship, corporation, partnership, joint venture, an association, or a cooperative with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

"Minority" person means a Black American, Hispanic American, Native American (including American Indian, Eskimo, Aleut, and Native Hawaiian), Asian-Indian American (including a person whose origins are from India, Pakistan, or Bangladesh), Asian-Pacific American (including a person whose origins are from Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, the United States Trust Territories of the Pacific, Northern Marianas, Laos, Cambodia, or Taiwan).

Small Business Enterprise means a business that meets the following criteria:

- a. 1) an independently owned and operated business; 2) not dominant in its field of operation; 3) together with affiliates is either:
 - **A service, construction, or non-manufacturer with 100 or fewer employees, and average annual gross receipts of ten million dollars (\$10,000,000) or less over the previous three years, or**
 - A manufacturer with 100 or fewer employees.
- b. Manufacturer means a business that is both of the following:
 - 1) Primarily engaged in the chemical or mechanical transformation of raw materials or processed substances into new products.
 - 2) Classified between Codes 311000 to 339000, inclusive, of the North American Industrial Classification System (NAICS) Manual published by the United States Office of Management and Budget, 2007 edition.

Small Business Joint Venture means that one party to the joint venture is a Small Business and owns at least 51 percent of the joint venture. In the case of a joint venture formed for a single project this means that the Small Business will receive at least 51 percent of the project dollars.

Women-Owned Business Enterprise means a business that meets all of the following criteria:

- is at least 51 percent owned by one or more women or in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more women.
- is a business whose management and daily business operations are controlled or owned by one or more women.
- is a business which is a sole proprietorship, corporation, partnership, or a joint venture, with its primary headquarters office located in the United States, which is not a branch or subsidiary of a foreign corporation, foreign firm, or other foreign business.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
			-				-			
or										
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee* code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

2015 Withholding Exemption Certificate**590**

The payee completes this form and submits it to the withholding agent.

Withholding Agent (Type or print)

Name _____

Payee

Name _____

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room, PO Box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____ ZIP Code _____

Exemption Reason

Check only one reason box below that applies to the payee.

By checking the appropriate box below, the Payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Corporations:**

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **Partnerships or Limited Liability Companies (LLCs):**

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

☐ **Tax-Exempt Entities:**

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit Sharing Plans:**

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

☐ **Estates — Certification of Residency of Deceased Person:**

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

☐ **Nonmilitary Spouse of a Military Servicemember:**

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Payee's name and title (type or print) _____ Telephone (____) _____

Payee's signature ► _____ Date _____

2015 Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

Registered Domestic Partners (RDP) – For purposes of California income tax, references to a spouse, husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding.

Form 590 does not apply to payments of backup withholding. For information on California backup withholding, go to ftb.ca.gov and search for **backup withholding**.

Form 590 does not apply to payments for wages to employees. Wage withholding is administered by the California Employment Development Department (EDD). For more information, go to edd.ca.gov or call 888.745.3886.

Do not use Form 590 to certify an exemption from withholding if you are a **Seller of California real estate**. Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, to claim an exemption from real estate withholding.

The following are excluded from withholding and completing this form:

- The United States and any of its agencies or instrumentalities.
- A state, a possession of the United States, the District of Columbia, or any of its political subdivisions or instrumentalities.
- A foreign government or any of its political subdivisions, agencies, or instrumentalities.

B Income Subject to Withholding

California Revenue and Taxation Code (R&TC) Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident partners, members, and S corporation shareholders and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.

- Payments to nonresidents for royalties from activities sourced to California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Endorsement payments received for services performed in California.
- Prizes and winnings received by nonresidents for contests in California.

However, withholding is optional if the total payments of California source income are \$1,500 or less during the calendar year.

For more information on withholding get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication, see Additional Information.

C Who Certifies this Form

Form 590 is certified by the payee. California residents or entities exempt from the withholding requirement should complete Form 590 and submit it to the withholding agent before payment is made. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless notified by the Franchise Tax Board (FTB) that the form should not be relied upon.

An incomplete certificate is invalid and the withholding agent should not accept it. If the withholding agent receives an incomplete certificate, the withholding agent is required to withhold tax on payments made to the payee until a valid certificate is received. In lieu of a completed certificate on the preprinted form, the withholding agent may accept as a substitute certificate a letter from the payee explaining why the payee is not subject to withholding. The letter must contain all the information required on the certificate in similar language, including the under penalty of perjury statement and the payee's taxpayer identification number. The withholding agent must retain a copy of the certificate or substitute for at least four years after the last payment to which the certificate applies, and provide it upon request to the FTB.

For example, if an entertainer (or the entertainer's business entity) is paid for a performance, the entertainer's information must be provided. **Do not** submit the entertainer's agent or promoter information.

The grantor of a grantor trust shall be treated as the payee for withholding purposes. Therefore, if the payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Definitions

For California non-wage withholding purposes, **nonresident** includes all of the following:

- Individuals who are not residents of California.
- Corporations not qualified through the California Secretary of State (CA SOS) to do business in California or having no permanent place of business in California.
- Partnerships or limited liability companies (LLCs) with no permanent place of business in California.
- Any trust without a resident grantor, beneficiary, or trustee, or estates where the decedent was not a California resident.

Foreign refers to non-U.S.

For more information about determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status. Military servicemembers have special rules for residency. For more information, get FTB Pub. 1032, Tax Information for Military Personnel.

Permanent Place of Business:

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the CA SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

E Military Spouse Residency Relief Act (MSRRA)

Generally, for tax purposes you are considered to maintain your existing residence or domicile. If a military servicemember and nonmilitary spouse have the same state of domicile, the MSRRA provides:

- A spouse shall not be deemed to have lost a residence or domicile in any state solely by reason of being absent to be with the servicemember serving in compliance with military orders.
- A spouse shall not be deemed to have acquired a residence or domicile in any other state solely by reason of being there to be with the servicemember serving in compliance with military orders.

Domicile is defined as the one place:

- Where you maintain a true, fixed, and permanent home.
- To which you intend to return whenever you are absent.

A military servicemember's nonmilitary spouse is considered a nonresident for tax purposes if the servicemember and spouse have the same domicile outside of California and the spouse is in California solely to be with the servicemember who is serving in compliance with Permanent Change of Station orders.

California may require nonmilitary spouses of military servicemembers to provide proof that they meet the criteria for California personal income tax exemption as set forth in the MSRRA.

Income of a military servicemember's nonmilitary spouse for services performed in California is not California source income subject to state tax if the spouse is in California to be with the servicemember serving in compliance with military orders, and the servicemember and spouse have the same domicile in a state other than California.

For additional information or assistance in determining whether the applicant meets the MSRRA requirements, get FTB Pub. 1032.

Specific Instructions

Payee Instructions

Enter the withholding agent's name.

Enter the payee's information, including the taxpayer identification number (TIN) and check the appropriate TIN box.

You must provide an acceptable TIN as requested on this form. The following are acceptable TINs: social security number (SSN); individual taxpayer identification number (ITIN); federal employer identification number (FEIN); California corporation number (CA Corp no.); or CA SOS file number.

Private Mail Box (PMB) – Include the PMB in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

Foreign Address – Enter the information in the following order: City, Country, Province/Region, and Postal Code. Follow the country's practice for entering the postal code. **Do not** abbreviate the country's name.

Check the box that reflects the reason why the payee is exempt from the California income tax withholding requirement.

Withholding Agent Instructions

Keep Form 590 for your records. **Do not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see Additional Information.

The payee must notify the withholding agent if any of the following situations occur:

- The individual payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

If any of these situations occur, then withholding may be required. For more information, get Form 592, Resident and Nonresident Withholding Statement, Form 592-B, Resident and Nonresident Withholding Tax Statement, and Form 592-V, Payment Voucher for Resident and Nonresident Withholding.

Additional Information

For additional information or to speak to a representative regarding this form, call the Withholding Services and Compliance telephone service at:

Telephone: **888.792.4900**
916.845.4900
Fax: 916.845.9512

OR write to:

WITHHOLDING SERVICES AND
COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

You can download, view, and print California tax forms and publications at ftb.ca.gov.

OR to get forms by mail write to:

TAX FORMS REQUEST UNIT
FRANCHISE TAX BOARD
PO BOX 307
RANCHO CORDOVA CA 95741-0307

For all other questions unrelated to withholding or to access the TTY/TDD numbers, see the information below.

Internet and Telephone Assistance

Website: ftb.ca.gov
Telephone: 800.852.5711 from within the United States
916.845.6500 from outside the United States

TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Asistencia Por Internet y Teléfono

Sitio web: ftb.ca.gov
Teléfono: 800.852.5711 dentro de los Estados Unidos
916.845.6500 fuera de los Estados Unidos

TTY/TDD: 800.822.6268 para personas con discapacidades auditivas o del habla

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prospective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them or commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statute or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Typed Name & Title of Authorized Representative

Signature of Authorized Representative

Date

☐ I am unable to certify to the above statements. My explanation is attached.

EPA Form 5700-49 (11-88)



CAMPAIGN CONTRIBUTIONS DISCLOSURE

In accordance with California law, bidders and contracting parties are required to disclose, at the time the application is filed, information relating to any campaign contributions made to South Coast Air Quality Management District (SCAQMD) Board Members or members/alternates of the MSRC, including: the name of the party making the contribution (which includes any parent, subsidiary or otherwise related business entity, as defined below), the amount of the contribution, and the date the contribution was made. 2 C.C.R. §18438.8(b).

California law prohibits a party, or an agent, from making campaign contributions to SCAQMD Governing Board Members or members/alternates of the Mobile Source Air Pollution Reduction Review Committee (MSRC) of more than \$250 while their contract or permit is pending before SCAQMD; and further prohibits a campaign contribution from being made for three (3) months following the date of the final decision by the Governing Board or the MSRC on a donor's contract or permit. Gov't Code §84308(d). For purposes of reaching the \$250 limit, the campaign contributions of the bidder or contractor plus contributions by its parents, affiliates, and related companies of the contractor or bidder are added together. 2 C.C.R. §18438.5.

In addition, SCAQMD Board Members or members/alternates of the MSRC must abstain from voting on a contract or permit if they have received a campaign contribution from a party or participant to the proceeding, or agent, totaling more than \$250 in the 12-month period prior to the consideration of the item by the Governing Board or the MSRC. Gov't Code §84308(c).

The list of current SCAQMD Governing Board Members can be found at SCAQMD's website (www.aqmd.gov). The list of current MSRC members/alternates can be found at MSRC's website (<http://www.cleantransportationfunding.org>).

SECTION I.

Contractor (Legal Name): _____

DBA, Name _____, County Filed in _____
Corporation, ID No. _____
LLC/LLP, ID No. _____

List any parent, subsidiaries, or otherwise affiliated business entities of Contractor:
(See definition below).

SECTION II.

Has Contractor and/or any parent, subsidiary, or affiliated company, or agent thereof, made a campaign contribution(s) totaling \$250 or more in the aggregate to a current member of South Coast Air Quality Management Governing Board or member/alternate of the MSRC in the 12 months preceding the date of execution of this disclosure?

☐ Yes ☐ No **If YES, complete Section II below and then sign and date the form.
If NO, sign and date below. Include this form with your submittal.**

Campaign Contributions Disclosure, continued:

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

Name of Contributor _____

Governing Board Member or MSRC Member/Alternate	Amount of Contribution	Date of Contribution
---	------------------------	----------------------

I declare the foregoing disclosures to be true and correct.

By: _____

Title: _____

Date: _____

DEFINITIONS

Parent, Subsidiary, or Otherwise Related Business Entity (2 Cal. Code of Regs., §18703.1(d).)

- (1) Parent subsidiary. A parent subsidiary relationship exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation.
- (2) Otherwise related business entity. Business entities, including corporations, partnerships, joint ventures and any other organizations and enterprises operated for profit, which do not have a parent subsidiary relationship are otherwise related if any one of the following three tests is met:
 - (A) One business entity has a controlling ownership interest in the other business entity.
 - (B) There is shared management and control between the entities. In determining whether there is shared management and control, consideration should be given to the following factors:
 - (i) The same person or substantially the same person owns and manages the two entities;
 - (ii) There are common or commingled funds or assets;
 - (iii) The business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis;
 - (iv) There is otherwise a regular and close working relationship between the entities; or
 - (C) A controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178
(909) 396-2000 • www.aqmd.gov

Direct Deposit Authorization

STEP 1: Please check all the appropriate boxes

- | | |
|--|--|
| <input type="checkbox"/> Individual (Employee, Governing Board Member) | <input type="checkbox"/> New Request |
| <input type="checkbox"/> Vendor/Contractor | <input type="checkbox"/> Cancel Direct Deposit |
| <input type="checkbox"/> Changed Information | |

STEP 2: Payee Information

Last Name		First Name		Middle Initial	Title
Vendor/Contractor Business Name (if applicable)					
Address				Apartment or P.O. Box Number	
City		State	Zip	Country	
Taxpayer ID Number		Telephone Number		Email Address	

Authorization

- I authorize South Coast Air Quality Management District (SCAQMD) to direct deposit funds to my account in the financial institution as indicated below. I understand that the authorization may be rejected or discontinued by SCAQMD at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to SCAQMD for distribution. This will delay my payment.
- This authorization remains in effect until SCAQMD receives written notification of changes or cancellation from you.
- I hereby release and hold harmless SCAQMD for any claims or liability to pay for any losses or costs related to insufficient fund transactions that result from failure within the Automated Clearing House network to correctly and timely deposit monies into my account.

STEP 3:

You must verify that your bank is a member of an Automated Clearing House (ACH). Failure to do so could delay the processing of your payment. You must attach a voided check or have your bank complete the bank information and the account holder must sign below.

To be Completed by your Bank

Staple Voided Check Here	Name of Bank/Institution			
	Account Holder Name(s)			
	<input type="checkbox"/> Saving <input type="checkbox"/> Checking		Account Number	Routing Number
	Bank Representative Printed Name		Bank Representative Signature	Date
	ACCOUNT HOLDER SIGNATURE:			Date

For SCAQMD Use Only

Input By _____

Date _____

ATTACHMENT C

STATEMENT OF WORK

INTRODUCTION

Janitorial service is to be provided at the South Coast Air Quality Management District's (SCAQMD's) Headquarters at 21865 Copley Drive, Diamond Bar, California 91765. A schedule of work to be performed must be submitted to the Business Services Manager or his/her designee on the first of each month. This agreement is for the purpose of providing janitorial services for approximately 302,272 square feet of office space. Approximately 19,000 sq. ft. of the facility is leased to outside agencies which are all located on the ground floor. SCAQMD's normal business hours are Tuesday through Friday 7:00 a.m. – 5:30 p.m. The Lessees have business hours Monday through Friday from about 8:00 a.m. to 5:00p.m.

WORK SCHEDULE

SCAQMD AREAS:

On an average, two day porters will work shifts between the hours of 7:00 a.m. and 5:30 p.m., Monday through Friday, excluding SCAQMD holidays (with the exception of Martin Luther King holiday), to handle ongoing cleaning needs throughout the workday. This will average 80 hours per week. Cleaning of managerial offices must be scheduled during SCAQMD's regular daytime business hours. All day porters must understand and speak English fluently. Each must have a vendor-provided cell phone or pager. Special emphasis will be placed on maintaining conference center areas, maintaining recycling bins, and keeping restrooms properly supplied. Assisting SCAQMD staff in moving tables and chairs to accommodate meetings may be required from time to time. The day porters must notify the SCAQMD designee of their arrival and departure each day. Day porters are responsible to check the janitorial telephone line and the e-mail account assigned to Janitorial Services for messages throughout the day and respond appropriately.

Cleaning of open office space and other tasks will be done during non-business hours. Access to some secured areas will be available through the access control card readers or through the on-site security guards.

LEASED AREAS AND CONFERENCE CENTER:

The leased areas and the conference center are to be cleaned during non-business hours, Monday through Friday.

A minimum of 440 hours per week will be required for night-time cleaning excluding holidays. Included with these hours is an on-premise, full-time working supervisor. The supervisor must understand and speak English and must be present during the entire night-time shift. The supervisor will report to the Business Services Manager or his/her designated representative at 5:00 p.m., Tuesday through Friday, for special instructions and will be available through a vendor-provided cell phone or pager. Night cleaning will commence at 6:00 p.m. The on-premise supervisor must be familiar with and have a copy of this Attachment C with him/her at

all times. All other non-daily cleaning, such as carpet shampoo, floor waxing, etc., will take place during non-business hours.

FACILITY CLEANING

A. DAILY

Vacuum traffic lanes of carpeted areas; sweep or dust floors in all other areas.

Dust desks, work stations, chairs, tables, telephones, filing cabinets, window sills, lamps, and other office furniture with specially treated dust cloths. (Paperwork on desks is not to be moved.)

Empty and clean all waste containers, replacing vendor-supplied liners where appropriate. Refuse is to be placed in trash dumpsters for removal.

Collection containers for recycled paper, cardboard, cans, glass, and newspaper (usually located in coffee/copy rooms) are to be emptied into recycle-labeled dumpsters in lower-level parking structure. Pick up all debris from overflowing dumpsters.

Spot clean all floors or carpet, as needed.

Clean glass in all doors, entrances, and elevator lobbies, both inside and out where accessible.

Empty and clean ashtrays, and clean and service sand urns. Replace sand, as required, to maintain clean urns.

Spot clean doors, door hardware, door frames, and walls.

Clean kick marks from doors, door casings, and other woodwork.

Vacuum carpet, clean tile, and clean drains in cafeteria. Clean cafeteria tables, chairs, serving counters, and outside patio. Do not clean the kitchen area.

Sweep and clean building entrance walkways, outside eating areas, courtyard between the office towers, bridges between buildings, and stair areas; special emphasis on emptying the waste containers in these areas. Keep landscaped areas outside entrances free from trash and cigarette butts.

Clean inside of elevator cabs (six), apply floor finish as required. Sweep and clean loading dock area.

Maintain janitorial closets in a clean and orderly fashion.

Remove finger marks and smudges from desktops, woodwork, walls, counters, and furniture, as needed. Wet mop uncarpeted areas nightly.

Replace trash dumpster to assigned location in the compound prior to leaving the job. Pick up all debris from overflowing dumpsters.

The lower-level hallway and laboratory tile floors require special attention to maintain a non-slip surface and must be inspected daily to assure the safety of all persons using these areas.

Excluding catered services, return to cafeteria any stray cafeteria dishes, silverware, and trays that may be found in coffee/copy rooms or conference rooms.

B. WEEKLY

Clean and remove all marks from counters, desks, and other furniture.

Clean and disinfect all walls, woodwork, and partition areas in restrooms.

Clean and polish all interior brass, nickel, and other metal fixtures, including door push and kick plates and pulls.

Dust ledges, chair rails, baseboards, under tables, under chairs, ducts, conduit pipes, low molding, and partitions.

Wash and clean chalkboards, chalk trays, and marker boards.

Spot wax and buff linoleum floors in lower level, weekly as needed. Strip and reapply floor finish in heavy-traffic areas that require additional attention between scheduled waxings.

Vacuum all upholstered furniture, including chairs in conference rooms.

Clean SCAQMD-provided microwave ovens in coffee/copy rooms.

Add enzymes (provided by SCAQMD) to all drains including coffee copy rooms and water fountain dispensers.

C. MONTHLY

Dust books, bookcases, and bookshelves; move books, if necessary.

Dust mini-blinds and clean window ledges.

Vacuum carpet in individual workstations.

D. QUARTERLY

Brush and clean ceiling vents, grills, and door vents.

Deep clean (strip and scrub) all kitchen area floors.

Clean drains in kitchen area.

E. SEMIANNUALLY

Apply furniture polish to all natural wood paneling and furniture.

F. YEARLY

Clean fluorescent lamps and fixtures.

Shampoo all carpets; shampoo carpets in heavily used areas and the cafeteria twice a year, at a minimum.

G. AS NEEDED

Strip, clean and wax all linoleum flooring in lower level and laboratory as needed but not less than once per year. High-traffic hallways will need to be done more often.

Dry clean appropriately non-ceramic tile raised flooring in the Print Shop and Computer Room.

Replace all interior fluorescent lights, excluding workstation lights; lamps to be provided by SCAQMD.

Inoperative fixtures are to be brought to the attention of the Building Maintenance Supervisor.

Inspection for, and replacement of, inoperative lights will be performed daily.

Shampoo upholstered furniture, as needed.

Remove all delivered janitorial supplies from the dock to basement storage. Work with designated SCAQMD staff to keep the facility properly stocked. There are no Monday deliveries. Report any change in usage or excessiveness.

Moving tables and chairs to accommodate meetings may be required from time to time.

There are designated areas that are normally not open for cleaning; however, these areas are to be cleaned upon request at no additional cost. These areas are designated in D.

RESTROOMS AND SHOWERS

A. DAILY

Clean, disinfect, and deodorize showers, toilets, urinals, and sinks with an approved germicidal cleanser.

Clean and sanitize shower curtains. Replace SCAQMD-provided shower curtains as needed.

Clean and disinfect both sides of toilet seats.

Clean and disinfect plumbing fixtures, handles, and pipes, under washbowls, toilets, and urinals.

Clean and polish mirrors.

Clean floors, damp mop with approved solutions, and machine-scrub floors, as required.

Clean and refill soap, towel, tissue, and feminine product dispensers, and replace deodorizer blocks, if applicable.

Empty and clean all waste paper containers. Clean or replace plastic liners, as required.

Clean and wipe down walls around plumbing fixtures (both walls and toilet compartment partitions, and partition doors and hardware), as required, to maintain clean appearance at all times.

B. YEARLY

Pressure wash all tile floors and walls in all restrooms, showers and locker area.

D. AS NEEDED

Replace filter cartridges in the waterless urinals as needed.

FITNESS CENTER

A. DAILY

The seating and armrest area of each unit must be cleaned daily with a disinfectant cleaner.

Clean and polish mirrors.

Empty and clean all waste paper containers. Clean or replace plastic liners, as required.

B. WEEKLY

Vacuum carpet, including areas between fitness equipment.

C. MONTHLY

Clean all upholstery (seating and armrest) with a good quality Naugahyde cleaner. (Do not use Armorall.)

Clean all fitness equipment frames, handle bars, weight stacks, and pedals with water-dampened cotton cloth. For extra shine, use a furniture polish. Do not use an abrasive cleaner.

Clean all consoles and electronic parts using water-dampened cloth only. Do not spray or use glass cleaners or any other household cleaners. Wipe dry after cleaning.

Clean treadmills and other walking decks and belts, plastic floor coverings and mats with water-dampened cloth. Do not use detergents or strong cleaning agents.

Polish chrome weight stacks and other chrome surfaces monthly with a good chrome polish.

Clean and disinfect the plastic floor protectors.

Vacuum underneath the plastic floor protectors/runners, as best as possible. Do not move or attempt to move any of the heavier equipment with weight stacks, as they may topple or tear the plastic floor protectors.

The following is a list of fitness equipment:

1. (3) Stairmaster 400PT
2. (1) Schwien Air Dyne Stationary Bike
3. (1) Club Track 3.0
4. (3) Life Cycles
5. (1) Low Row Machine/Single Lath Machine
6. (1) Shoulder Press
7. (1) Arm Curl Machine
8. (1) Leg Curl Machine
9. (1) Pec Deck Machine
10. (1) Vertical Bench Press Machine
11. (1) Leg Extension Machine
12. (1) Dip/Leg Raise
13. (1) Abdominal Board/Bent Knee
14. (1) Cross Over Pulleys with Bench
15. (1) Inner Thigh Machine
16. (1) C51R Recumbent Bike
17. (1) Leg Press
18. (1) Elliptical Trainer
19. (2) Landice Treadmills
20. (1) Power Tech Work Bench
21. (1) Star Trac Treadmill
22. (1) SportsArt E835 Elliptical

AREAS TO BE SERVICED

This schedule shall include all areas designated in ATTACHMENT D.

SUPPLIES

SCAQMD will furnish the following supplies: enzymatic cleaner for drains, toilet tissue, hand towels, hand soap, toilet seat covers, special deodorants, cartridge filters for the water free urinals, shower curtains, fluorescent lights, batteries (for towel and freshener dispensers), feminine products and wax liners for their disposal. CONTRACTOR will furnish clear/transparent waste container liners for all waste containers, and environmentally friendly cleaners (subject to the guidelines listed below), wax, and all equipment required to clean the facility. **For safety reasons, the following environmentally friendly products_must be used for stripping, waxing and cleaning the lower-level hallway, lower-level shops and laboratory: Contractor has a choice of using Waxie Green Floor Stripper, Waxie Green Floor Finish, and Waxie Green Floor Finish Enhancer OR Maintex High Sierra Green Seal Approved Trend ES stripper, Dura ZF floor finish, and Trailwinds floor cleaner.** All other cleaners used must meet the requirements listed below.

Environmentally Friendly Cleaners

The list of cleaning product categories SCAQMD requires for custodial purposes includes, but is not limited to, the following:

- All Purpose Cleaner
- Glass and Window Cleaner
- Bathroom Cleaner / Deodorizer
- Lime and Scale Remover
- Liquid Hand Soap
- Degreaser / Cleaner
- Carpet Shampoo (rotary brush)
- Furniture Polish
- Chrome Polish / Cleaner
- Graffiti Remover
- Brass Polish / Cleaner
- Floor Finish / Disinfectant
- Floor Stripper
- Enzymatic Cleaner / Degreaser
- Wood Floor / Furniture Wax / Cleaner
- Solvent Spotter / Gum Remover

It is required that Contractor be able to supply and use the products listed above that meet or exceed applicable health and environmental specifications listed below. It should be noted that Contractors are encouraged to partner with manufacturers or distributors to maximize SCAQMD's use of these environmentally friendly materials. **To the extent they exist, Contractor MUST use products that have received SCAQMD's Clean Air Choices cleaner certification (www.aqmd.gov).** Where no products have received SCAQMD certification, Contractors must use products that have received Green Seal certification. A list of qualifying materials may be found at Green Seal, Inc. (www.greenseal.org).

In order to assure compliance, Contractor must maintain a list of cleaning products used under this contract and must provide the list, along with product MSDS, to SCAQMD's Business Services Manager or his/her designee. Any changes in products must be approved in advance by SCAQMD. SCAQMD reserves the right to monitor and audit compliance with these product requirements.

1. SARA Title III, Sect. 313

No ingredient shall require reporting under EPA's Superfund Amendments and Re-authorization Act (SARA Title III, Section 313). The ingredients requiring reporting under this act represent some of the most acutely toxic chemicals used in cleaning products. SCAQMD believes that these aggressive chemicals are no longer required in most cleaning product categories and seeks to protect the health of its workers and the environment by minimizing exposure to these chemicals.

2. Disinfectants in Cleaners

No cleaners shall contain disinfectants. Because proper/adequate disinfection of a surface requires that the surface be cleaned prior to disinfecting, SCAQMD wishes to separate out the cleaning and disinfecting processes. Eliminating disinfectants from all-purpose bathroom and

floor cleaners will reduce the toxicity of these products and will reduce the amount of disinfectant chemicals used at the facility. A product category for disinfectants is included separately from cleaners.

3. Aerosol Cans

No products shall be delivered in aerosol cans. SCAQMD believes that no aerosol container can be considered truly empty of product and propellant. Recycling such partially filled aerosol cans is extremely expensive and requires special handling by hazardous waste technicians. All product categories must be available in a non-aerosol formulation, such as ready-to-use pump action sprays, air-charged refillable containers, or concentrates that can be dispensed into spray bottles for use.

4. Carcinogens, Mutagens, Teratogens

No ingredients can be classified as known or probable carcinogens, teratogens, or mutagens on any of the following lists:

- a. California Safe Drinking Water And Toxic Enforcement Act of 1986 (Prop. 65), CCR Title 22, Division 2, Subdivision 1, Chapter 3 Section 12000 et seq.)
- b. California Office of Environmental Health Hazard Assessment (OEHHA)
- c. National Toxicology Program (NTP)
- d. International Agency for Research on Cancer (IARC), Group 1, 2A or 2B
- e. Occupational Safety and Health Administration (OSHA) regulated carcinogen

While ingredients listed in the above documents are rare in today's cleaning product formulations, SCAQMD wishes to eliminate them entirely from the products which are purchased for use in SCAQMD operations. Such chronic toxins are no longer necessary for the efficacy of current cleaning technologies.

5. APEs

No products shall contain alkyl phenyl ethoxylates (APEs) above trace amounts. SCAQMD recognizes the potential danger to wildlife and humans when hormonal mimics, such as APEs, are released into water systems. Further, the persistence of the breakdown products of APEs make the issue of bio-accumulation a special concern and are not consistent with the requirement for ready biodegradability.

6. Ozone Depleting Compounds

No products shall contain ozone-depleting chlorinated compounds.

7. VOCs

Products must meet or exceed applicable SCAQMD and California Code of Regulations (Article 2 Section 94509, Title 17) maximum allowable Volatile Organic Compound (VOC) levels for appropriate cleaning product categories. Because of concerns over air quality, the State of California regulates the VOC levels of various consumer products. To the extent consumer products exist that meet SCAQMD's more stringent VOC limits, the Contractor should utilize these products. The Contractor should always strive to use the lowest-VOC-containing products.

8. Biodegradability

Aquatic Pollution - SCAQMD wishes to protect the ocean habitat which supports the local economy and quality of life for residents and, therefore, is concerned with the environmental fate of chemicals used in SCAQMD operations. All product ingredients must either:

- a. meet the Organization for Economic Cooperation and Development (OECD) definition of Readily Biodegradable or
- b. contain less than 0.1 percent by weight of any compounds listed by the U.S. EPA's Deposition of Air Pollutants in the Great Waters program

ATTACHMENT D

FACILITY INFORMATION

Facility: South Coast Air Quality Management District
21865 Copley Drive, Diamond Bar, CA 91765

SCAQMD's premises consist of four (4) interconnected buildings designated as the North Office Tower, South Office Tower, Laboratory, and Conference Center/Cafeteria. These buildings are built over a Lower Level which will be described separately below. The total approximate square footage of all of the facilities is 302,272 square feet.

The following is a more specific breakdown of information by facility:

North Office Tower - Description

The North Office Tower consists of the first, second, and third floors above the lower level. The approximate square footage of the first, second and a portion of the third floors is 47,919 sq. ft.

Information Regarding the North Office Tower:

- Percentage of carpeted areas on each floor: about 90%
- Number of restrooms and fixtures: 3 men's and 3 women's restrooms
 - Total Fixtures: 18 toilets
 - 6 urinals
 - 18 wash basins
- Number of coffee/copy rooms: 4
- Number of offices: 23
- Number of workstations: approximately 189
- Number of conference/training rooms: 4
- Number of open conference areas: 1
- 1 uncarpeted staircase
- Areas not requiring cleaning: fan rooms, signal rooms, and electrical closets
- Special cleaning requirements: Information Management National Library will require dusting of bookshelves on an as-needed basis.

South Office Tower - Description

The South Office Tower consists of the first, second, third, fourth, and fifth floors above the lower level. The approximate total square footage of this facility is 120,914 sq. ft. This includes elevator lobbies and bridges between buildings.

Information regarding the South Office Tower:

- Percentage of carpeted areas on each floor: about 90%
- Number of restrooms and fixtures: 5 men's and 5 women's
Total Fixtures: 30 toilets
15 urinals
30 wash basins
- Number of coffee/copy rooms: 11
- Number of offices: 94
- Number of workstations: approximately 513
- Number of conference/training rooms: 18
- Number of open conference areas: 2
- 2 uncarpeted staircases
- Areas not requiring cleaning: fan rooms and electrical closets
- Special cleaning requirements: General Counsel law library requires dusting of bookshelves on an as-needed basis.

Laboratory - Description

The Laboratory consists of the first floor. The approximate total square footage is 42,658 sq. ft.

Information regarding the Laboratory:

- Percentage of carpeted areas: about 10%
- Number of restrooms and fixtures: 1 men's and 1 women's restroom
Total Fixtures: 3 toilets
1 urinal
2 wash basins
- Number of coffee/copy rooms: 1
- Number of conference/training rooms: 1
- Number of elevators: 1 passenger / freight elevator
- 2 uncarpeted staircases
- Areas not requiring cleaning: signal rooms, electrical closets, organic and inorganic storage rooms, vented storage rooms, and other various storage rooms
- Special cleaning requirements:

- Caution is required in cleaning the laboratory due to the existence of chemical solutions in various areas
- Laboratory tile floors require special attention to maintaining a non-slip surface. The floor treatment requires the use of specific products (Stamina Floor Finish, Rebound Restorer, and Marathon Maintainer) from Unisource, which involves a 3-part process as specified by the manufacturer.

Conference Center/Cafeteria - Description

The conference center/cafeteria consists of the first floor above the lower level. The approximate total square footage of this facility is 36,799 sq. ft. This also includes the main lobby.

Information regarding the Conference Center/Cafeteria:

- Percentage of carpeted area on this floor: about 65%
- Number of restrooms and fixtures: 3 men's, 3 women's, and 1 unisex
 - Total Fixtures: 11 toilets
 - 4 urinals
 - 12 wash basins
- Number of coffee/copy rooms: 1
- Number of offices: 9
- Number of workstations: approximately 11
- Number of conference/training rooms: 6
 - One auditorium/Board room
 - One Hearing Board room
- Number of open conference areas: 3
- Areas not requiring cleaning: fan room, mechanical rooms, signal rooms, furniture storage, and electrical rooms
- Special cleaning requirements:
 - Detailed cleaning needs to be done on a daily basis in all public eating areas and conference rooms.
 - Detailed cleaning is required in the main lobby, which consists of security stations, a public information center, visitor booths, cashier and permit booths, a small theatre area, and a house phone area.
 - Special attention is required in the conference rooms and auditorium due to their high visibility. Schedules of meetings and events will be provided by SCAQMD designee.

- 1 uncarpeted staircase

Lower Level - Description

The lower level extends under the Conference Center and the North and South Office Towers. The approximate total square footage is 53,982 sq. ft.

Information regarding the Lower Level:

- Percentage of carpeted areas on each floor: about 80%
- Number of restrooms and fixtures: 4 men's and 4 women's
 - Total fixtures: 17 toilets
 - 7 urinals
 - 22 wash basins
 - 12 showers
- Number of coffee/copy rooms: 7
- Number of offices: 50
- Number of workstations: approximately 250
- Number of conference/training rooms: 6
- Number of open conference areas: 1
- Number of elevators: 1 freight and 4 passenger
- 2 uncarpeted staircases
- Areas not requiring cleaning: fan rooms, electrical rooms, signal rooms, and maintenance rooms
- Special cleaning requirements:
 - Information Management (IM) printer room will require access from IM personnel; the computer room and hardware room are to be cleaned upon request.
 - Clean Lactation Room near west elevator lobby area. Clean floors, counter, sink and table daily.
 - Fitness Center equipment requires regular cleaning, to include the chrome weights, equipment frames, tracks, pedals, plastic floor protectors and upholstery.
 - The lower-level hallway, shops and laboratory have tile floors which require special attention to maintain a non-slip surface. Floor treatment requires the use of specific products **For safety reasons, the following environmentally friendly products must**

be used for stripping , waxing and cleaning the Lower-Level hallway and Laboratory: Contractor has a choice of using Waxie Green Floor Stripper, Waxie Green Floor Finish, and Waxie Green Floor Finish Enhancer OR Maintex High Sierra Green Seal Approved Trend ES stripper, Dura ZF floor finish, and Trailwinds floor cleaner.